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Application No.		Filing Date Examiner		Art Uni	
10/565,383-Conf. #6103		January 2	3, 2006	J. Chawla	1794
ention: CONDI			FOOD		
AF nmissioner for F . Box 1450 xandria, VA 223 ansmitted here	313-1450	ndment in the	above-identifi	ed application.	
ne fee has been	calculated an	d is transmitted	d as shown b	elow.	
	Claims		S AS AMENI	DED	
	Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims, Present	Rate	
Total Claims	11	- 20 =	0	x 52.00	0.00
ndependent Claims	1	- 3 =	0	x 220.00	0.00
Large Entity No additiona	Il fee is require ge Deposit Acc	ount No	ir	Small Entity the amount of \$	•
Please charge A duplicate of A check in the Payment by The Director as described	copy of this she  ne amount of \$  credit card. For  is hereby auth  below. A dup  ny overpaymen	orm PTO-2038 orized to charg licate copy of t	ge and credit	Deposit Account No	. 02-2448
Please charge A duplicate of A check in the Payment by The Director as described  x Credit and x Charge a	ne amount of \$ credit card. For is hereby authors below. A duptony overpayment and additional filities.	orm PTO-2038 orized to charg licate copy of t	is attached. ge and credit his sheet is e	Deposit Account No	
Please charge A duplicate of A check in the Payment by  The Director as described  X Credit ar  Charge a	ne amount of \$ credit card. For is hereby authors below. A duptony overpayment and additional filitation bies.	orm PTO-2038 orized to charg licate copy of t	is attached. ge and credit his sheet is e	Deposit Account No enclosed. ees required under 37	7 CFR 1.16 and 1.17.